## NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

**SECTION I.** To be completed by the Department Head/Supervisor 1. Name of Employee Jade Eash 2. Date of Employment 1/3/23 Pay rate 18.56 Department Treasurer Job Title Universal Clerk 4. Attach Documentation--References checked Yes № П 5. Date Physical Given Driver's License Check 6. Job Posting Dates: (10 Days Required) 7. Job Description/Grading Complete? Yes 
No Union Employee 8. New Employee: Number hours per week 40 (Full Time is 32 or more hrs/wk) If temporary, end date 9. Change of Status: Effective Date 1/3/23 Position Title from Universal Clerk Universal Clerk Pay Rate from 17.56 18.56 12/29/22 Tentative Dept Approval Date SECTION II. This form, with the attachments and payroll forms, should be forwarded to the Board of Supervisor's Office for inclusion on the next Board agenda before the new employee begins work. Paychecks will not be issued until all forms are complete and Board approval granted. APPROVAL/DISAPPROVAL Board of Supervisors (yes or no + initials) Date Sections I and II must be completed **BEFORE** going to Auditor's Accounting Department **SECTION III**. To be completed by payroll personnel (Auditor Office) 1. W-4 and IA W-4 (Federal and State withholding certificates) 2. I-9 Employment Eligibility Verification Form 3. IPERS Beneficiary Form (Full time student? Yes \( \square\) No \( \square\) --- Not needed for full time students) 4. Direct Deposit 5. Health, Dental, Life Insurance, EAP & Flexible Spending 6. Voluntary Life Insurance, Voluntary Accident Insurance & AFLAC 7. Part-time? Yes Health Ins Referral Form; No N/A 8. Credit Union Brochure П 9. Deferred Comp Information П 10. Personnel Policy (printed copy available upon request) П 11. Sexual Harassment Policy and Family Medical Leave (if not under County Personnel Policy) I have completed the forms and received the documents, as noted above.

DATE

EMPLOYEE Signature